



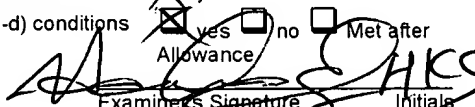
## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5619

<b>SERIAL NUMBER</b> 09/682,540	<b>FILING OR 371(c) DATE</b> 09/17/2001 <b>RULE</b>	<b>CLASS</b> 378	<b>GROUP ART UNIT</b> 2882	<b>ATTORNEY DOCKET NO.</b> GPD0021-US	
<b>APPLICANTS</b> Mats Danielsson, Taby, SWEDEN; HKS					
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/SE00/00524 03/15/2000 which claims benefit of 60/157,333 10/01/1999 HKS					
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9900922-7 03/15/1999 SWEDEN 9903559-4 10/01/1999 HKS					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/26/2001					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged  HKS Examiners Signature Initials					
<b>ADDRESS</b> 28694					
<b>TITLE</b> Device and method related to X-ray imaging					
<b>FILING FEE RECEIVED</b> 444	FEES: Authority has been given in Paper . No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		